	PATENT	-41 CAPPLICATI	Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003										~ ~	7 -2	7
CLAIMS AS FILED - PART I								10/687,537				
	(Column 1) (Column 2)							SMALL ENTITY TYPE			_	THAN
TOTAL CLAIMS			20					RATE	FEE	оя 7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	385.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			2 c minus 20=		· 0			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		67			X43=		1	Vac	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					145=	-	JOR		
• If the difference in column 1 is less than zero, enter "0" in column 2									<u> </u>	OR	+290=	
$m{l}$									· L	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									. ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING		HIGH	EST	PRESENT	Y	*	ADDI	1	1	ADDI-
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	.24	Minus	1-0/	Ť.	. 4	V	R\$9 =	M	OR	X\$18=	
	Independent	. 3	Minus	7.3		= /	ľ	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 			
2 1/ 1/X									A -	OR	+290=	
310.0 (Column 1) (Column 2) (Column 3)								DOIT. FEE		JOR	ADDIT. FEE	
	·	0000	<u> </u>	(Colum	ST	(Column 3)	Г		ADDI-	1 1		ADDI
AMENDMENT B		REMAINING AFTER	<u> </u>	PREVIC		PRESENT EXTPA		RATE	TIONAL		RATE	ADDI- TIONAL
	Total .	24	Minus	72	4	>		XS 9=	1	OR	X\$18=	
	'ndependent	. 3	Minus	(2	<u>}</u>	=	H	x43=	1/	ОВ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								72=		OR	+290-	
## ### ###############################									OR	TOTAL ADDIT FEE	-	
Column 1 Column 2 Column 3								.,==		•	ADDN FEEL	
۱ر	`	REMAINING		NUMB	:	PRESENT	-		ADDI:	DDi.		ADDI-
MENDMEN		ASTER AMENOMENT		PREVICE	USLY	EXTEX		PATE	TIONAL		RATE	TIONAL FEE
	Tota:	•	Yir-	••		2		(દ 9≖		OR	XS18=	
	Independe:::	•	Minus	•-		. :	F	-3-٪			X86=	
7	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		}-			OR		
· 145=										OR	+290=	
11	If the entry in column 1 is toss than the entry in column 2, write 10° in culturin 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter 20. If the "Highest Number Previously Pain For" IN THIS SPACE is less than 3, enter 3.										TOTAL	
ĭ	he 'Highesi Num	nicer Previously Paid ber Previously Paid	For (Total or	5 SPACE is Independen	.ess man II is the l	i 5 enter 3 ' highest number			brobriate pox			
												- (